

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>175506</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>10/22/2014</b>
NAME OF PROVIDER OR SUPPLIER  <b>ANDBE HOME, INC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>201 W CRANE ST NORTON, KS 67654</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
S 000	INITIAL COMMENTS  The following citations represent the findings of a Health Resurvey and Complaint Investigation #75516.	S 000			
S 600 SS=C	28-39-158(a) DIETARY SERVICES  Dietary services. The nursing facility shall provide each resident with nourishing, palatable, attractive, non-contaminated foods that meet the daily nutritional and special dietary needs of each resident. A facility that has a contract with an outside food management company shall be found to be in compliance with this regulation if the company meets the requirements of these regulations.  (a) Staffing.  (1) Overall supervisory responsibility for the dietetic services shall be the assigned responsibility of a full-time employee who is a licensed dietitian or a dietetic services supervisor who receives regularly scheduled onsite supervision from a licensed dietitian. The nursing facility shall provide sufficient support staff to assure adequate time for planning and supervision.  (2) The nursing facility shall implement written policies and procedures for all functions of the dietetic services department. The policies and procedures shall be available for use in the department.  Note: The dietetic services supervisor shall meet the requirements as stated in K.A.R. 28-39-144(r)(1) through (4)	S 600			

If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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S 600	<p>Continued From Page 1</p> <p>This Requirement is not met as evidenced by: The facility had a census of 64 residents. The sample included 14 residents. Based on observation, record review and interview the facility failed to employ a full time qualified dietary manager for the 64 residents who reside in the facility.</p> <p>Findings included:</p> <ul style="list-style-type: none"> <li>- On 10/13/14 at 12:04 PM, observation revealed the dietary staff served meals direct from the steam table in the kitchen, to the residents seated in the dining room.</li> </ul> <p>Review of the 09/11/14 invoice for tuition revealed the facility's dietary manager was enrolled in 2 dietary manager training classes for the 2014 fall semester.</p> <p>On 10/13/14 at 9:55 AM, Dietary Staff P stated he/she had not completed the training program/classes to be a Certified Dietary Manager.</p> <p>The facility failed to employ a full time qualified dietary manager.</p>	S 600			

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